

Child and Adult Care Food Program Security Access Form

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to any of the following Michigan Education Information System (MEIS) applications:

- **CNAP** - Child Nutrition Application Program - New Application/Renewal
- **Claim for Reimbursement** - SM-4213-C - Center Claim Form

Each different or additional designee must complete and submit a separate copy of this form. A new form must be submitted for a replacement designee whenever the individual below is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

Institution Name

CACFP Agreement Number

1. Designated Individual (Cannot be an employee of a Food Service Management Company)

I agree that the user identification and password assigned to me is for my authorized use only, may not be shared, and all activity under my user ID is my responsibility. I further understand that by reporting CACFP data via the Internet, I am certifying that all information is true and correct, that records are available to support the data, and that it is in accordance with the terms of the existing Application-Agreement.

Signature

Date

* **A** _____
MEIS Account Number

Print Name

Telephone Number

* If you HAVE already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.

* If you do NOT have an MEIS account number, go to: <http://michigan.gov/meis> and click on the "MEIS User Management" System link (Logo) at the top of the screen. Then click on "Create an MEIS Account."

vCheck below if you are a:

_____ **Replacement Designee** _____
Print name of replaced designee to be removed from security access

2. Level 3 "Enter/Certify" Security Access Rights

vCheck the MEIS Application(s) and corresponding authority for the above named Designated Individual:

MEIS Application:

Authority:

_____ **CNAP Center Sponsor.** Enter/Certify CACFP application information for centers

_____ **CNAP Family Day Care Home Sponsor.** . Enter/Certify CACFP application information for FDCH

_____ **SM-4213-C Claim.** Enter/Certify CACFP center claim reimbursement data

3. Authorization by Institution Official or Owner

I attest that the above named individual has the authority indicated in Part 2.

Signature of Institution Official or Owner

Title

Print Name

Date

4. Mail or fax form to: Ruby Dixon, Michigan Department of Education, Grants Coordination & School Support
P.O. Box 30008, Lansing, MI 48909
Fax: (517) 373-4022